

# APPLICATION FOR EMPLOYMENT



**THE BEHAVIORAL WELLNESS CENTER**  
**— AT GIRARD —**  
 INSPIRING HOPE...TRANSFORMING LIVES  
[www.bewellctr.org](http://www.bewellctr.org)

*Federal, state, & local laws prohibit discrimination in employment on the basis of race, color, creed, age, sex, sexual orientation, gender identity, marital status, national origin, political affiliation, genetic information, physical handicap, disability or medical condition. We are an Equal Opportunity Employer. A copy of this application is available to you upon request.*

**PLEASE READ CAREFULLY – PRINT CLEARLY – ANSWER ALL QUESTIONS**

## EMPLOYMENT DESIRED

<b>Position Or Type Of Work:</b>		
<b>Hours:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Flex / Pool		<b>Shift:</b> <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Weekend
<b>Date Of Application</b>		<b>Date Available For Work</b>
<b>PERSONAL INFORMATION</b>		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Address</b>		<b>City, State, Zip Code</b>
<b>Home Phone</b>		<b>Alternate/Cell Phone</b>
<b>Social Security Number</b>		<b>Email Address</b>
<b>Are you 18 years of age or older?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Are you legally eligible to work in the U.S.?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (Proof Of Eligibility Will Be Required)
<b>How did you hear about The Behavioral Wellness Center?</b>		
<input type="checkbox"/> Ad In _____ <input type="checkbox"/> Employee _____ <input type="checkbox"/> Job Fair At _____ <input type="checkbox"/> Mailing About _____ <input type="checkbox"/> Walk-In _____ <input type="checkbox"/> Other _____		
<b>Have you worked for The Behavioral Wellness Center or any associated facilities before?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>If Yes, Which Location</b> <input type="checkbox"/> Girard Medical Center <input type="checkbox"/> St. Joseph Hospital <input type="checkbox"/> North Philadelphia Health System Corporate		
<b>Position</b> _____		<b>Employment Dates</b> _____
<b>Have you ever been discharged from a job?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>If Yes, Explain Reason - Including Employer Name &amp; Dates:</b> _____ _____		
<b>Do Any Of Your Relatives Work for The Behavioral Wellness Center?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>If Yes:</b> NAME _____    DEPT _____    RELATION _____ NAME _____    DEPT _____    RELATION _____		

# APPLICATION FOR EMPLOYMENT

## EDUCATION

<b>High School</b>		<b>City, State</b>		<b>Did You Graduate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Universities/ Colleges/ Other Schools</b>	<b>City, State</b>	<b>Dates Attended</b>	<b>Did You Graduate?</b>	<b>Diploma, Degree, Or Certificate?</b>	<b>Course Of Study</b>
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		

## PROFESSIONAL LICENSURE / REGISTRATION / CERTIFICATION

Type Of Professional License, Registry, Or Certification	Issuing State Or Organization	Number	Issued Date	Expiration Date
<b>CPR Certification Type:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Basic Life Support (BLS) <input type="checkbox"/> Advanced Cardiovascular Life Support (ACLS) <input type="checkbox"/> Other				
<b>If Not Licensed, Registered, Or Certified, Give Date Of Expected Exam:</b> _____				

## SPECIALIZED SKILLS

**Personal Computer: Software Used** \_\_\_\_\_

**Word Processing**     
 **Transcription**     
 **Hospital Billing**     
 **Medical Terminology**

**Typing:** \_\_\_\_\_ **Wpm**     
 **Shorthand:** \_\_\_\_\_ **Wpm**

**Other special skills that may contribute to your ability to perform the desired position/s:**

---



---



---



---



---



---

# APPLICATION FOR EMPLOYMENT

## EMPLOYMENT HISTORY

Please fully complete all sections; list job history (including military service) starting with present or most recent employment.

<b>Employment Dates</b> FROM (Month/Year)  TO (Month/Year)  Position Title	<b><u>EMPLOYER (MOST RECENT)</u></b> NAME _____  ADDRESS _____  CITY _____ ST _____ ZIP _____  STATUS: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> AS NEEDED  May We Contact (if present employer)? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>SUPERVISOR</b> NAME _____  TITLE _____  PHONE _____
---	--	---

**Duties And Responsibilities:**

**Reason For Leaving:**

<b>Employment Dates</b> FROM (Month/Year)  TO (Month/Year)  Position Title	<b><u>EMPLOYER</u></b> NAME _____  ADDRESS _____  CITY _____ ST _____ ZIP _____  STATUS: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> AS NEEDED	<b>SUPERVISOR</b> NAME _____  TITLE _____  PHONE _____
---	--	---

**DUTIES AND RESPONSIBILITIES:**

**REASON FOR LEAVING:**

<b>Employment Dates</b> FROM (Month/Year)  TO (Month/Year)  Position Title	<b><u>EMPLOYER</u></b> NAME _____  ADDRESS _____  CITY _____ ST _____ ZIP _____  STATUS: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> AS NEEDED	<b>SUPERVISOR</b> NAME _____  TITLE _____  PHONE _____
---	--	---

**DUTIES AND RESPONSIBILITIES:**

**REASON FOR LEAVING:**

**AFFIDAVIT:** I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired. I agree that my employer shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. I authorize employers, companies, schools or persons named above to give any information regarding my employment, together with any information they may have regarding me whether or not it is in their records. I hereby release said employers, companies, schools or persons from all liability for any damage, both legal and otherwise, for issuing this information. I also understand an offer of employment will be conditioned on results of a pre-employment investigation and medical examination. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of my employer, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me. Further, I understand that my employment is not for a stated period of time and may be terminated with or without cause, at any time, at the option of either my employer or myself. I also agree that any offer of employment is contingent upon my ability to perform the essential functions of the job. Any demonstration of my inability to perform the essential functions during the probationary period will result in immediate dismissal. In addition, I agree to abide by such established policies as relates to the Drug-Free Workplace Act of 1988.

**SIGNED** \_\_\_\_\_

**DATE** \_\_\_\_\_